

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-042327

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 132

Primary Registration District No. 3021

Registrar's No. 215

FILED DEC 3 1962

1. PLACE OF DEATH

a. COUNTY

Grundy

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN TrentonLength of stay in 1b
3 yearsc. FULL NAME OF (If not in institution, give location)
HOSPITAL OR INSTITUTION East 17th St. TrentonInside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived) If institution: Residence before admission)

a. STATE

Mo

b. COUNTY

Grundy

Inside Limits
Yes ☒ No ☐c. CITY
OR TOWN Trentond. STREET
ADDRESS East 17th St. Trenton

(If outside, give location)

Reside on Farm
Yes ☒ No ☐3. NAME OF DECEASED
(Type or print)

First

Middle

Last

DORTHY

I

BARNETT

4. DATE
OF DEATH

Month

Day

Year

11-24-1962

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

8. DATE OF BIRTH

1-26-1918

9. AGE (last birthday)

44

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Practical Nurse

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

Craig Mo

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Walter Burnett

13b. MOTHER'S MAIDEN NAME

Vesta Cook

14. NAME OF HUSBAND OR WIFE

Dora Barnett

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

2 Robt Barnett Trenton Mo

18. CAUSE OF DEATH (Enter only one cause per line
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cerebral Thrombosis

INTERVAL BETWEEN
ONSET AND DEATH

6 hrs

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

Do not know any cause

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURY

Hour

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

11/24/62

to

and last saw her

live on

11/24/62

Death occurred at

4:22 P

m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

E. J. Vaccaro M.D.

(Degree or title)

22b. ADDRESS

Trenton Mo

22c. DATE SIGNED

11/24/62

23a. BURIAL, CREMATION,
REMOVAL (Specify)

23b. DATE

11-28-1962

23c. NAME OF CEMETERY OR CREMATORY

Salem Cem.

23d. LOCATION (City, town, or county)

Salt Mo

(State)

24. FUNERAL DIRECTOR

ADDRESS

Payne Funeral Home Salt Mo

25. DATE RECD. BY LOCAL REG.

11-28-62

26. REGISTRAR'S SIGNATURE

J. E. J. J. J.

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *D. R. Payne Jr.*

Licensed Embalmer No. 3400

P. O. Address Galt

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.